

FIG. 1

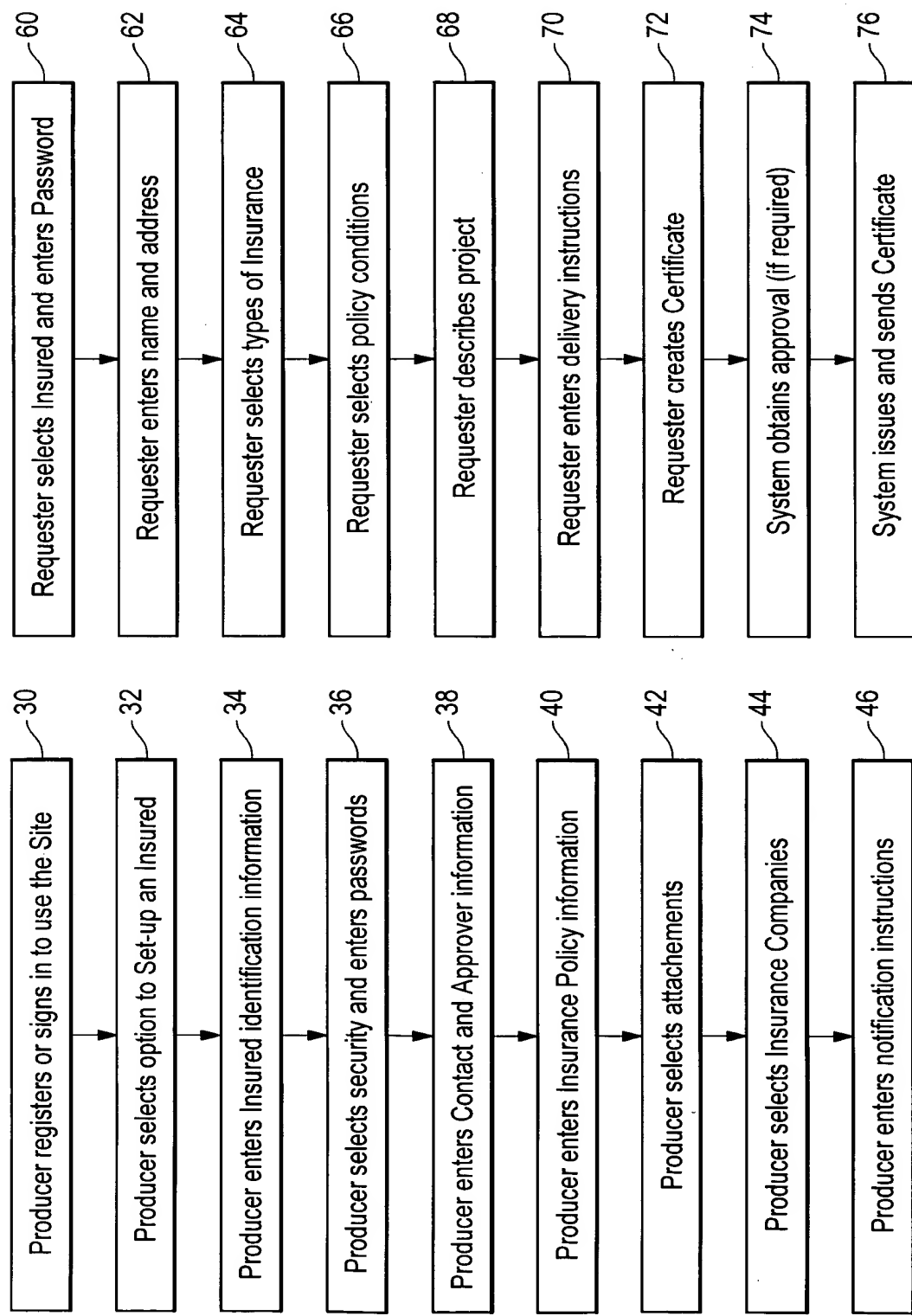
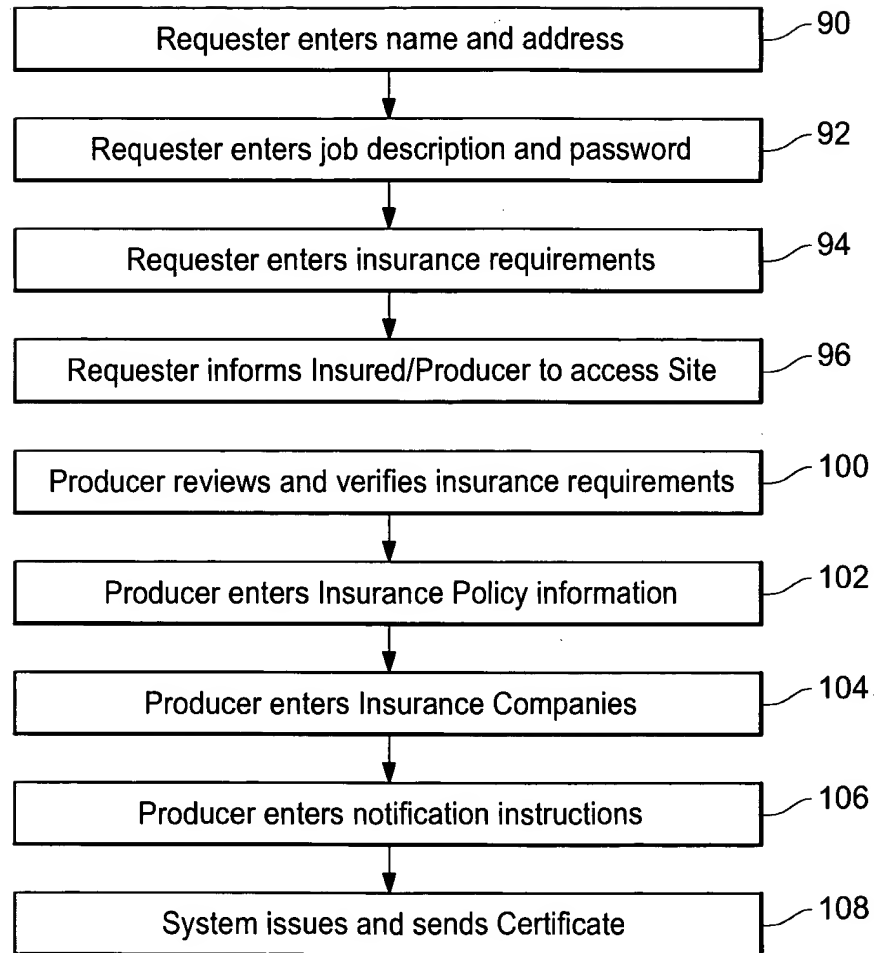


FIG. 2

FIG. 3

**FIG. 4**

4/18

Help

Producer Sign In

Click here if you are creating a new account

154

Or, if you have an account, please enter your user ID and password, below.

User ID:

150

Password:

152

Cancel (Home Page)

Sign In

148

FIG. 5

Help

Producer:

Producer Options
Select an option below:

162

Set-up insured

Certificate reprint

Revise insured

Create attachment

Revise producer

Password maintenance

Return to Home Page

160

FIG. 6

5/18



Help

170

Producer:

Set-up Insured

Name:

Holding Company:

Address 1:

Address 2:

City:

State/Province: Zip/Postal:

Country:

Contact (First name): (Last name):

Phone: Fax:

E-mail:

172

Enter the minimum and maximum number of days of cancellation allowed to notify the Certificate Holder.

minimum maximum

- ☒ Allow the removal of the words "Endeavor To" from cancellation clause. — 174
- ☐ Allow inclusion of attachments with this Insured's certificates. — 176

FIG. 7

180

There are four levels of security to be selected. For Insureds with a large volume of certificates, we strongly recommend the first level be selected for general certificates. You can select an alternative level later for more sophisticated certificates. The levels are:

- 182 ☒ Unsecured and open to the general public. This is for an insured with a large volume of certificates and certificates that are routine and do not convey any or limited rights to the Certificate Holder.
- 184 ☐ Password required to enter the system. Either the producer or Insured will provide the password to the Certificate Holder. Enter this password in the first password field, below.
- 186 ☐ Approval required. No password required, but the Certificate Holder will not receive the certificate until it is approved by either the first or second contact, as established below. After the Certificate Holder enters the information, the system will e-mail the contacts for approval.
- 188 ☐ Password and approval required.

190 Enter a password that the Insured and Broker will provide to someone who requests a certificate:

192 Enter a different password to be used only by the Producer to produce unique certificates:

Enter a different password to be used only by the Insured to obtain reports:

194

FIG. 8

210

The contacts below are typically Producer contacts. Some may want the Certificate Holder to call or e-mail the Insured and if so, Insured contacts are also acceptable. They will be displayed on the screen when the Certificate Holder uses Certificate Exchange should the Certificate Holder have a question. They will also be used in the approval process if security option 3 or 4 (above) is selected.

| | | | |
|----------------------|------------|---------------|----------------------|
| First Contact | <u>212</u> | First Contact | <u>214</u> |
| <input type="text"/> | | Name | <input type="text"/> |
| <input type="text"/> | | E-mail | <input type="text"/> |
| <input type="text"/> | | Phone | <input type="text"/> |
| <input type="text"/> | | Fax | <input type="text"/> |

☐ Display name in the Producer's box on the printed certificate.

☐ Display name in the Insured's box on the printed certificate.

☒ Do not display this name.

}

216

Cancel (Home Page)

< Prev

Next >

FIG. 9

Insured:

Set-up Insured, Policy Data

220

General Liability 222

- ☒ Commercial General Liability
☒ Occurrence
☐ Claims Made
☐ Owners' and Contractors' Protection
☐
☐

General Aggregate Limit applies per:

☒ Policy ☐ Project ☐ Location ☐ None

Policy number

Effective (mm/dd/yyyy)

Expiration (mm/dd/yyyy)

Each occurrence

1,000,000

Fire damage

Medical expense

Personal and advertising agg.

1,000,000

General aggregate

1,000,000

Products and comp. oper agg.

1,000,000

The system has preferred wording for General Liability Additional Insureds; however, it can be overridden. The preferred wording is: ABC Corporation (the Certificate Holder) *is added as an Additional Insured for General Liability, but only with respect to operations performed on their behalf and due to the negligence of* XYZ Corporation (the Insured).

Enter wording to override the preferred wording. Please keep in mind the sentence begins with the Certificate Holder and ends with the Insured.

is added as an Additional Insured for General Liability,
but only with respect to operations performed on their
behalf and due to the negligence of

224

Approval Required. All the check boxes will, when checked, put a hold on issuing the certificate. After the Certificate Holder enters the information the certificate will be emailed to the contacts previous entered, for approval.

☐ Allow Certificate Holders to be added as Additional Insured 226
☐ Approval Required

☐ Allow Lessors to be added as Additional Insured 228
☐ Approval Required

☐ Allow Venders to be added as Additional Insured 230
☐ Approval Required

☐ Broad Form ☐ Limited Form ☐ Not Specified ☒ None

FIG. 10

9/18

232

| | | |
|---|--|---|
| Automobile | | <u>234</u> |
| <input type="checkbox"/> | Any Automobile | |
| <input type="checkbox"/> | All Owned Automobiles | |
| <input type="checkbox"/> | Scheduled Automobiles | |
| <input type="checkbox"/> | Hired Automobiles | |
| <input type="checkbox"/> | Non-owned Automobiles | |
| <input type="checkbox"/> | <div style="border: 1px solid black; height: 15px; width: 250px;"></div> | |
| Policy number | <div style="border: 1px solid black; width: 100px; height: 15px;"></div> | Combined Single Limit <div style="border: 1px solid black; width: 100px; text-align: center;">1,000,000</div> |
| Effective (mm/dd/yyyy) | <div style="border: 1px solid black; width: 100px; height: 15px;"></div> | Bodily Injury (per person) <div style="border: 1px solid black; width: 100px; height: 15px;"></div> |
| Expiration (mm/dd/yyyy) | <div style="border: 1px solid black; width: 100px; height: 15px;"></div> | Bodily Injury (per accident) <div style="border: 1px solid black; width: 100px; height: 15px;"></div> |
| | | Property Damage <div style="border: 1px solid black; width: 100px; height: 15px;"></div> |
| | Comprehensive | <div style="border: 1px solid black; width: 100px; height: 15px;"></div> ▼ <div style="border: 1px solid black; width: 100px; height: 15px;"></div> |
| | Collision | <div style="border: 1px solid black; width: 100px; height: 15px;"></div> ▼ <div style="border: 1px solid black; width: 100px; height: 15px;"></div> |
| <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-top: 10px;"> <input type="checkbox"/> Allow Additional Insureds <input type="checkbox"/> Allow Loss Payees <input type="checkbox"/> Approval Required </div> } 237 | | |

| | | |
|------------------------------|--|--|
| Worker's Compensation | | <u>236</u> |
| Policy number | <div style="border: 1px solid black; width: 100px; height: 15px;"></div> | WC Statutory Limit <input checked="" type="radio"/> Other <input type="radio"/> |
| Effective (mm/dd/yyyy) | <div style="border: 1px solid black; width: 100px; height: 15px;"></div> | EL Each Accident <div style="border: 1px solid black; width: 100px; text-align: center;">100,000</div> |
| Expiration (mm/dd/yyyy) | <div style="border: 1px solid black; width: 100px; height: 15px;"></div> | EL Disease (Each Employee) <div style="border: 1px solid black; width: 100px; text-align: center;">100,000</div> |
| | | EL Disease (Policy Limit) <div style="border: 1px solid black; width: 100px; text-align: center;">100,000</div> |

| | | |
|---------------------------|---|--|
| Excess or Umbrella | | <u>238</u> |
| | <input type="checkbox"/> Occurrence | |
| | <input type="checkbox"/> Claims Made | |
| | Retention/Deductible <div style="border: 1px solid black; width: 100px; height: 15px;"></div> | |
| Policy number | <div style="border: 1px solid black; width: 100px; height: 15px;"></div> | Each Occurrence <div style="border: 1px solid black; width: 100px; height: 15px;"></div> |
| Effective (mm/dd/yyyy) | <div style="border: 1px solid black; width: 100px; height: 15px;"></div> | Aggregate <div style="border: 1px solid black; width: 100px; height: 15px;"></div> |
| Expiration (mm/dd/yyyy) | <div style="border: 1px solid black; width: 100px; height: 15px;"></div> | |

FIG. 11

10/18

Other

Unlike other certificate programs, Certificate Exchange allows you to permanently add any line of insurance and it becomes part of the certificate. The type of insurance could be Property, Crime, Professional Liability, D & O, E & O, Motor Truck Cargo, etc. The Description is additional information about the type of insurance, such as "All Risk of physical loss including Boiler and Machinery." The limit descriptions can also be entered such as " Per Occurrence" and "Aggregate."

Type of Insurance: 252

Further information about the type of insurance: 254

| | Description | Limit |
|-------------------------|----------------------|----------------------|
| Policy number | <input type="text"/> | <input type="text"/> |
| Effective (mm/dd/yyyy) | <input type="text"/> | <input type="text"/> |
| Expiration (mm/dd/yyyy) | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |

☐ Allow Additional Insureds
☐ Allow Loss Payees
☐ Allow Mortgagee
☐ Approval Required

 253

Remarks

Enter text to appear in the Remarks text box on the Certificate. Any text inserted here will appear on every certificate and can only be overridden if a certificate is issued using the Special Certificate function.

256

Cancel (Home Page)

< Prev

Next >

250

FIG. 12

 Insured:

Set-up Insured, Insurance Companies

In order to facilitate entry of Insurance Companies, the program builds a database of Insurers for each Producer. Once the database is established, you need only click on the drop down arrow and select an Insurer. This may appear cumbersome in the beginning, but it will greatly speed up data entry once you establish your own Producer's list.

To select an Insurer not on your Producer's list, type in the first few letters of the Insurer's name in the small field and click on "Search". Then click on the Insurer you desire.

To add an Insurer not on the master list (above paragraph), type a "+" sign into the small field and click on "Search". Then place the curser on the larger field and type in the name of the Insurer. To ensure data integrity, this should only be used after performing a careful search of the master list.

| | | | Gen. Liab. | Auto | WC | Excess | Other |
|-------|----------------|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 272 { | First Insurer | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Second Insurer | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Third Insurer | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Fourth Insurer | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Fifth Insurer | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Search

Cancel (Home Page)

< Prev

Next >

FIG. 13

12/18

290

Help

Insured:

Set-up Insured, Notification Instructions

Certificate Exchange will automatically e-mail certificates to individuals as listed below. There are 3 notification choices: Instant Notification (sent when they are requested by the Certificate Holders), Monthly Report, and Quarterly Report. If the Insurance Companies you selected require notification, please first enter the name and e-mail address of the underwriter who should receive certificates.

| | | Contact Name | E-mail | | | |
|------------------------------|------------------------------|-------------------------|-----------------------|-----------------------|----------------------------------|-------|
| Continental Casualty Company | | <input type="text"/> | <input type="text"/> | } 292 | | |
| | | <input type="text"/> | <input type="text"/> | | | |
| | | <input type="text"/> | <input type="text"/> | | | |
| | | <input type="text"/> | <input type="text"/> | | | |
| | | <input type="text"/> | <input type="text"/> | | | |
| | | Individual Notification | Monthly Report | Quarterly Report | None | } 294 |
| Producer | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | |
| Insured | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | |
| First Contact | Dave Dagg | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | |
| Second Contact | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | |
| First Insurer | Continental Casualty Company | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | |
| Second Insurer | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | |
| Third Insurer | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | |
| Fourth Insurer | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | |
| Fifth Insurer | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | |

Cancel (Home Page)

< Prev

Next >

FIG. 14

300

[Help](#)

Welcome to the Web-based Certificate of Insurance Program

In order to obtain certificate of Insurance, please complete the information below. You only need to enter the first few letters of the Insured's name. The Insured is the entity from whom you desire a certificate.

| |
|---------------------|
| Producer |
| Special Certificate |
| Certificate Reprint |
| FAQ |

Insured:

302

If you know the password for accessing this Insured, please enter it here. If you do not know the password, leave it blank, press "Start>" and you will be given instructions on the next screen.

Password:

304

If you have used this system to retrieve certificates in the past, please enter your e-mail address here so that we can more easily identify you. (Do not enter your e-mail address if you have not used the system before.)

E-mail:

When you have finished, please click on the "Start>" button, below.

[Start>](#)

FIG. 15

14/18

Help

310

Insured selected:

Please enter the following information as it is to appear on the Certificate.

312 {

| | | | |
|-----------------------|----------------------|--------------|----------------------------------|
| Company Name: | <input type="text"/> | | |
| Address 1: | <input type="text"/> | | |
| Address 2: | <input type="text"/> | | |
| City: | <input type="text"/> | | |
| State/Province: | <input type="text"/> | ▼ | Zip/Postal: <input type="text"/> |
| Country: | <input type="text"/> | | |
| Contact (First name): | <input type="text"/> | (Last name): | <input type="text"/> |
| Phone: | <input type="text"/> | Fax: | <input type="text"/> |

For Identification and delivery purposes, please enter your e-mail address.

E-mail: 314

Cancel (Home Page)

< Prev

Next >

FIG. 16

15/18

Help

318

Insured:

You must select at least one type of insurance (from the first set of checkboxes). Please select the types of insurance to be printed on the Certificate.

- ☐ General Liability
- ☐ Automobile
- ☐ Workers' Compensation
- ☐ Excess
- ☐ Transit Insurance

320

Cancellation Days (between 10 and 30):

Condition:

Enter the years and months you estimate you will do business with Insured.
Years Months

322

General Liability Additional Insured and Vendor's:

324

Automobile Leasing and Financing

326

Other Additional Insured, Loss Payee and Mortgagee

328

In the field below describe the project, or if you are a lessor list the location(s), or if you are an automobile lessor or loss payee list the vehicle(s). If there are many locations or many vehicles, leave the field blank. If the certificate is for vendor's coverage, please also leave blank. Please click on help for further instructions.

329

Cancel (Home Page)

< Prev

Next >

FIG. 17


Help

330

Insured:

Create and obtain your certificate (you may select more than one option):☒ Print the certificate or save the certificate to file.☒ Send the certificate to my e-mail address:☐ Send the certificate to another e-mail address:

332

You may preview the certificate for accuracy (this does not create the certificate). If it is unacceptable, you may change the information *that you have entered* by clicking on the "<Prev" button at the bottom of the page.

334

If the certificate is still unacceptable, please explain why in the box below and then click "Insufficient". Your message will be sent to the appropriate contact for revision and then e-mailed to you.

336

FIG. 18

350

| Blank | | Non Blank | |
|-------|--|---|---|
| 356 | General Liability Additional Insured and Vendors | | [This certificate only applies to][D][.] |
| | Not Needed | | |
| | Additional Insured | [CH][W][IN][.] | [CH][W][IN][.] for][D][.] |
| | Lessor's Additional Insured | [CH][] is added as Additional Insured for General Liability but only with respect to premise leased to][IN][.] | [CH][] is added as Additional Insured for General Liability but only with respect to premise located][D][.] |
| | Vendors Endorsement | [CH][] is added as Additional Insured for General Liability subject to the [{Broad Form} {Limited Form} {Blank}][Vendor's Endorsement.] | |

352

354

357

FIG. 19

370

| Blank | | Non Blank | |
|-------|-----------------------------------|---|--|
| 376 | Automobile Leasing and Financing | | |
| | Not Needed | | [This certificate only applies to][D][.] |
| | Lessor's Additional Insured | [CH][] is added as Additional Insured for vehicles leased to][IN][.] | [CH][] is added as Additional Insured for][D][.] |
| | Loss Payee | [CH][] is added as Loss Payee for vehicles leased to][IN][.] | [CH][] is added as Loss Payee for][D][.] |
| | Additional Insured and Loss Payee | [CH][] is added as Additional Insured and Loss Payee for vehicles leased to][IN][.] | |

372

374

377

FIG. 20

| Other Additional Insured, Loss Payee and Mortgagee | Blank | Non Blank |
|---|---|---|
| None checked | | [This certificate only applies to]D[.] |
| Additional Insured | [CH] is added as Additional Insured for]OT[, but only with respect to operations performed on their behalf by and due to the negligence of]IN[.] | [CH] is added as Additional Insured for]OT[, but only with respect to operations performed on their behalf by and due to the negligence of]IN[for]D[.] |
| Loss Payee | [CH] is added as Loss Payee.] | [CH] is added as Loss Payee for]D[.] |
| Additional Insured and Loss Payee | [CH] is added as Additional Insured and Loss Payee for]OT[, but only with respect to operations performed on their behalf by and due to the negligence of]IN[.] | [CH] is added as Additional Insured and Loss Payee for]OT[, but only with respect to operations performed on their behalf by and due to the negligence of]IN[for]D[.] |
| Mortgagee | [CH] is added as Mortgagee.] | [CH] is added as Mortgagee for]D[.] |
| Additional Insured and Mortgagee | [CH] is added as Additional Insured and Mortgagee for]OT[, but only with respect to operations performed on their behalf by and due to the negligence of]IN[.] | [CH] is added as Additional Insured and Mortgagee for]OT[, but only with respect to operations performed on their behalf by and due to the negligence of]IN[for]D[.] |

390

FIG. 21

397